

Worcester Polytechnic Institute

University Advancement | 100 Institute Road | Worcester, MA 01609 | (508) 831-6760 Fax (508) 831-6004



Faculty and Staff Pledge Form

YES, I'll make a gift and join my colleagues in supporting programs like the WPI Fund, Financial Aid or any designation I choose.

Name _____

Department _____

Preferred Address _____

City, State, Zip _____

Preferred Phone _____

Email _____

Please send information about making a gift through my estate/will.

I confirm my intention to contribute the following to WPI:
(If choosing a perpetual gift, please choose an amount divisible by 12. Thank you!)

\$ _____ <i>(Designation Amount)</i>	_____ <i>(Designation Choice)</i>
\$ _____ <i>(Designation Amount)</i>	_____ <i>(Designation Choice)</i>
\$ _____ <i>(Designation Amount)</i>	_____ <i>(Designation Choice)</i>
\$ _____ <i>(Total Gift Amount)</i>	

Designations include:

- Unrestricted
- Financial Aid
- Other (please note department or program)

Eligible for Corporate Match *Note: If you expect a corporate match, please do not include that in the total amount of your pledge.*

Payroll Deduction

Printed Name _____ Received by Gift Recording _____

WPI Banner ID# _____ Paid: Monthly Biweekly

I authorize the following:

Payroll deduction of \$ _____ per pay period over this number of pay periods _____ beginning _____ *(Payroll Month)*

continue deduction in perpetuity unless otherwise notified beginning _____ *(Payroll Month)*

Signature _____ Date _____

This agreement may be amended by the mutual consent of Worcester Polytechnic Institute and the parties hereto, during (his) (her) lifetime.

If changed circumstances should at some future time cause the continuation of this project to be inappropriate or impractical, and the donor is not living or not able to consent on amendment, then the Institute will redesignate the purpose of these funds and distributions shall adhere as closely as possible to the donor's original intent.

The information you will provide will be used for Institute business and will not be released unless required by law. To review your gift history, contact the Office of University Advancement, 100 Institute Road, Worcester, MA 01609. All gifts are tax deductible as prescribed by law.

All pledges must be completed within 5 years.

Credit Card
Please charge \$ _____ to my credit card: (Visa MasterCard AMEX Discover)

One payment

Multiple payments: Please charge my credit card \$ _____ each month, beginning in _____ and ending _____.

Card number _____ Exp. _____

Signature _____ Date _____

**Please return this completed form to:
The WPI Fund, 85 Prescott Street**